

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 038 \*\*\*150.00

44000113



01192004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000046175</b> 1. Entity Name <b>MARIAH CLAIMS SERVICES, INC.</b>					
Principal Place of Business <b>302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602</b>			Mailing Address <b>302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3423611</b>			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MEDER, JAN J 302 KNIGHTS RUN AVE., STE. 700 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POE, WILLIAM F JR 511 W BAY STREET, SUITE 400 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF MEDER, JAN JACOB 511 W BAY STREET SUITE #400 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEREN P 511 W BAY STREET SUITE #400 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 68 LADOGA TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSKIS, MARILYN P 511 W BAY STREET SUITE #400 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 BAHAMA CIRCLE TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JANICE P 511 W BAY STREET SUITE #400 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 HICKORY CREEK BLVD. BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM F SR. 511 W BAY STREET SUITE #400 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Jan J Meder</i> <b>JAN J MEDER CFO</b> <b>2/3/2004</b> <b>813-259-4004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment  
44008113

**MARIAH CLAIMS SERVICES, INC.**  
**2004 UNIFORM BUSINESS REPORT**  
**DOCUMENT # P97000046175**  
**FEI NUMBER: 59-3423611**

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**CHANGES:**

C/CEO  
WURDEMAN, JAMES E.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

P/COO  
ROMERILL, JAMES P.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

VP  
ABREU, RAFAEL R.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

AVP  
EVANOFF, FRED J.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

AVP  
PATRICIA FERRARI-ROBINSON  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602

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**ADDITIONS:**

D  
POE, CHARLES E.  
302 KNIGHTS RUN AVENUE, STE. 700  
TAMPA, FL 33602